

FAIRFAX COUNTY DEPARTMENT OF CABLE AND CONSUMER SERVICES

12000 Government Center Parkway, Suite 433

Fairfax, Virginia 22035-0047

www.fairfaxcounty.gov/consumer.htm

Telephone 703-222-8435 Fax 703-653-1310 TTY 711

COMPLAINANT: Print your name and address Name _____ Address _____ City _____ State _____ Zip _____ Phone (office) _____ (home) _____ e-mail _____	RESPONDENT: Print name and address of party against whom you are complaining Name _____ Address _____ City _____ State _____ Zip _____ Phone (office) _____ (home) _____ e-mail _____
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PLEASE PROVIDE THE FOLLOWING INFORMATION

- (1) Date of transaction: _____
- (2) Have you contacted the Respondent about this complaint? Yes ☐ No ☐
 If yes, what was the outcome? _____
- (3) Did you sign a contract or lease? Yes ☐ No ☐ Expiration Date: _____
 Is copy enclosed? Yes ☐ No ☐
- (4) What resolution would you consider to be mutually fair? _____

- (5) Dollar amount in dispute, if applicable: \$ _____
- (6) What other agencies/organizations have you contacted for assistance? _____

- FOR OFFICE USE ONLY -

Case Opened <input type="checkbox"/>		Case Closed <input type="checkbox"/>	
Case Reopened <input type="checkbox"/>		Case Reclosed <input type="checkbox"/>	
Alleged Nature of Complaint <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;"> <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/> Complaint Code No. </div> <div style="text-align: center;"> <input type="text"/><input type="text"/> ST </div> <div style="text-align: center;"> <input type="text"/><input type="text"/> CAT </div> <div style="text-align: center;"> <input type="text"/><input type="text"/> Date Opened </div> </div>			
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> R Code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Complainant Name (Last, First Initial)		
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> C Zip Code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Final Amount	<input type="text"/> <input type="text"/> Resolve Code	<input type="text"/> <input type="text"/> Date Closed
<input type="text"/> <input type="text"/> <input type="text"/> INV	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Case No.	<input type="checkbox"/> Report	<input type="text"/> <input type="text"/> Reviewed
Forwarded to or other: _____			

PLEASE GIVE A COMPLETE DESCRIPTION OF YOUR COMPLAINT ON THE REVERSE SIDE

COMPLAINT FORM

PLEASE TYPE OR PRINT IN INK AND SIGN AT THE BOTTOM

Please note that a copy of your complaint will be forwarded to the Respondent

[illegible]**PLEASE READ DISCLOSURE STATEMENTS**

All information provided to this office is available for public inspection under the Virginia Freedom of Information Act (§ 2.2-3700, et seq., Code of Virginia), except in the case of ongoing investigations. Closed complaints will be retained for three years after closure and then destroyed.

The information requested on this form and on any subsequent requests for additional information are subject to the Virginia Government Data Collection and Dissemination Practices Act (§ 2.2-3800, et seq., Code of Virginia).

By signing this form, you authorize the Consumer Affairs Branch and any other local, state or federal agencies to which we may refer your case, to evaluate your complaint, to contact you, and to take whatever lawful actions are deemed appropriate in your case.

I am interested in receiving the Consumer Affairs Informend Consumer quarterly e-Newsletter by email. Yes No

By signing this form, you certify that the statements made herein or on any attached documentation are true and complete to the best of your knowledge, information and belief.

Signature

Date _____